

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-175)**

scale No.  
10  
REPLICANT

ADING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51					4	
2							51					4	
3							53					5	
4							54					5	
5							55					5	
6							56					5	
7							57					5	
8							58					5	
9							59					5	
10							60					5	
11							61					5	
12							62					5	
13							63					5	
14							64					5	
15							65					5	
16							66					5	
17							67					5	
18							68					5	
19							69					5	
20							70					5	
21							71					5	
22							72					5	
23							73					5	
24							74					5	
25							75					5	
26							76					5	
27							77					5	
28							78					5	
29							79					5	
30							80					5	
31							81					5	
32							82					5	
33							83					5	
34							84					5	
35							85					5	
36							86					5	
37							87					5	
38							88					5	
39							89					5	
40							90					5	
41							91					5	
42							92					5	
43							93					5	
44							94					5	
45							95					5	
46							96					5	
47							97					5	
48							98					5	
49							99					5	
50							100					5	
TOTAL IND.							TOTAL IND.					9	
TOTAL DEP.							TOTAL DEP.					9	
TOTAL CLAIMS							TOTAL CLAIMS					159	